

01-23-02

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PTO/SB/05

<p align="center">UTILITY PATENT APPLICATION TRANSMITTAL</p>	<p>Attorney Docket No.: 1390.C2/CPI/PJS First Inventor: NULMAN Title: COILS FOR GENERATING A PLASMA AND FOR SPUTTERING Express Mail Label No.: EL 873 296 127 US</p>
<p align="center">APPLICATION ELEMENTS</p>	<p>ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231</p>
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) 2. <input checked="" type="checkbox"/> Specification Total Pages <u>29</u> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed Sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawing(s) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) Informal Sheets <u>9</u> Formal Sheets <u>8</u> 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <u>5</u> a. <input type="checkbox"/> Newly executed b. <input checked="" type="checkbox"/> Copy from a prior application i. <input type="checkbox"/> Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application</p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 6. Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment papers (cover sheet & documents) 8. <input type="checkbox"/> 37 CFR 3.73 (b) Statement <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document 10. <input checked="" type="checkbox"/> Information Disclosure Statement (PTO-1449) <input type="checkbox"/> Copies of IDS Citations 11a. <input checked="" type="checkbox"/> First Preliminary Amendment 11b. <input checked="" type="checkbox"/> Second Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired 14. <input type="checkbox"/> Certified copy of priority document(s) 15. <input type="checkbox"/> Other:</p>
<p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>08/851,946</u> Prior application information: Examiner <u>R. McDonald</u> Group/Art Unit <u>1753</u> For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>	
<p align="center">17. CORRESPONDENCE ADDRESS</p>	
<p><input type="checkbox"/> Customer Number or Bar Code Label <u>24033</u> or <input checked="" type="checkbox"/> Correspondence Address below: Name: Patent Counsel, APPLIED MATERIALS, INC. Address: Post Office Box 450A City: Santa Clara State: California Zip Code: 95052 Country: U.S.A. Telephone: (310) 556-7983 Fax: (310) 556-7984</p>	
<p>Name (Print/type) <u>William K. Konrad</u> Registration No. 28,868 Signature <u>William K. Konrad</u> Date <u>1/17/02</u></p>	

JCE66 U.S. PTO

10/052951

01/17/02

J1048 U.S. PTO

10059934 011702

FEE TRANSMITTAL for FY 2002	Application Number	
	Filing Date	
	First Named Inventor	NULMAN
	Group Art Unit	
	Examiner Name	
Total Amount of Payment: \$992.00		Attorney Docket Number 1390.C2/CPI/PJS

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to
 Deposit Account Number: 50-0585
☐ Charge any additional fee required under 37 CFR 1.16 and 1.17
☒ Charge any deficiency or credit any overpayment

2. ☒ Payment enclosed:
☒ Check ☐ Money Order ☐ Other
FEE CALCULATION

1. BASIC FILING FEE

 Utility Filing Fee:
 Large Entity Fee Code 101 (\$740.00)

 Fee Submitted: \$740.00

2. EXTRA CLAIM FEES

 Total Claims 34 - 20* x \$18 = \$252.00
 Independent

 Claims 3 - 3* x \$84 = \$

Multiple Dependent \$280 \$

 SUBTOTAL \$992.00

*(or number previously paid for)

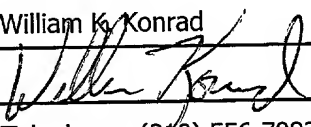
FEE CALCULATION (continued)

3. ADDITIONAL FEES (large entity)

- | | |
|---|--------|
| <input type="checkbox"/> Surcharge - late filing fee or oath | \$130 |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$50 |
| <input type="checkbox"/> Non-English specification | \$130 |
| <input type="checkbox"/> International type search report | \$40 |
| <input type="checkbox"/> Requesting publication of SIR prior to action | \$920 |
| <input type="checkbox"/> Requesting publication of SIR after action | \$1840 |
| <input type="checkbox"/> Extension for reply - first month | \$110 |
| <input type="checkbox"/> Extension for reply - second month | \$400 |
| <input type="checkbox"/> Extension for reply - third month | \$920 |
| <input type="checkbox"/> Extension for reply - fourth month | \$1440 |
| <input type="checkbox"/> Extension for reply - fifth month | \$1960 |
| <input type="checkbox"/> Notice of Appeal | \$320 |
| <input type="checkbox"/> Brief in Support of Appeal | \$320 |
| <input type="checkbox"/> Request for Oral Hearing | \$280 |
| <input type="checkbox"/> Utility issue fee | \$1280 |
| <input type="checkbox"/> Petition to revive (unavoidable) | \$110 |
| <input type="checkbox"/> Petition to revive (unintentional) | \$1280 |
| <input type="checkbox"/> Petitions to the Commissioner | \$130 |
| <input type="checkbox"/> Petitions related to provisional applications | \$50 |
| <input type="checkbox"/> Submission of Information Disclosure Statement | \$180 |
| <input type="checkbox"/> Recordation of Assignment | \$40 |
| <input type="checkbox"/> Submission after final (37 CFR 1.129(a)) | \$740 |
| <input type="checkbox"/> Request for Continued Examination (RCE) | \$740 |
| <input type="checkbox"/> Other: | |

SUBTOTAL \$

Submitted by:

Firm or Individual Name:	William K. Konrad	
Signature:		
Reg. No: 28,868	Telephone: (310) 556-7983	Date: 1/12/02